

The Practicing Physician and Mental Health

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MENTAL AND EMOTIONAL illnesses and handicaps are the number one health problem of the United States. Over half of all hospital beds are occupied by neuropsychiatric casualties, not including patients who have other disabilities with superimposed neuropsychiatric coloring.

About nine million people in the United States have some form of mental illness—one in every 17 of our population. One of every ten persons will need psychiatric care at some time during his lifetime, and one of every 18 will spend some part of his life in a hospital for the mentally ill. Costs for care and treatment, loss of earnings and loss in federal income tax revenue, exceed two and a half billion dollars annually.

Therefore, it must be apparent that the mental health problem is one that demands the careful interest of the entire population. The cooperation of any segment which can be of assistance in the solution of the problem is obviously vital. Certainly no single group fits more naturally into cooperation of that kind than the practicing physician. In almost every instance the potential mental hospital patient sees his own physician first before contacting a psychiatrist or seeking relief in a mental hospital. Persons of this order who seek advice from a family physician or from practitioners of various neuropsychiatric specialties may be of various classifications—mental and emotional distress, mental retardation, epilepsy and allied disorders, alcoholism and drug addiction.

As the population increases the number of potential neuropsychiatric problems also will increase. In California hospitals for the mentally retarded there are now approximately 60 patients under treatment per 100,000 state population of all ages. If the number on waiting lists were included (approximately 2,300), the rate would be 78.3 per 100,000. Actually, there are several thousand unlisted additional mentally retarded persons in the state and all of them require or could benefit from sound constructive medical advice. Both private and public hospitals in this state are doing a magnificent job in educating and training persons of this type. It would behoove all physicians to orient themselves in what is being done in the field of mental retardation. While the present hospital population of such

• Neuropsychiatric disabilities are the number one problem in medicine. More specialists are needed in the field of neuropsychiatry. Better psychiatric orientation of nonpsychiatric physicians is needed and there must be infinitely more research into psychiatric problems. We need more adequately equipped and staffed hospitals, both private and public, to care for the problem, and an alerted public as well as a sympathetic, understanding medical profession.

persons, plus the known waiting lists of the mentally retarded, now numbers about 9,500, it is estimated that by 1960 this figure will have grown to 14,376, and by 1965 to 16,226.

In California admissions to hospitals for the mentally ill are currently around 18,000 per year—a rate of 133 per 100,000 civilian population—and it is anticipated that the rate will be 144 per 100,000 population by 1960, and 156 per 100,000 by 1965. These expected increases are consistent with the long established upward trend. Of course, it is hoped that when and if the Department of Mental Hygiene is able to inaugurate an intensive, expanded research program, it will be possible to favorably influence this established trend.

Since World War II the population in the mental hospitals of California has remained at a ratio of around 300 per 100,000 of general population. The stability of the prevalence rate was maintained despite increases in admissions rates, largely because of the improved treatment program in the hospitals. It is felt that with greater interest from the other medical specialists and general practitioners the rate of admissions could be lowered considerably.

The general public is becoming more aware of the need for early recognition and treatment of mental and emotional illnesses and handicaps and the medical profession should be ready and willing to meet this situation as it has so admirably and competently done in other branches of medicine. Physicians whose work is in the public hospitals are strongly convinced that every physician—be he general practitioner or specialist—should have a basic knowledge of psychiatry, a capacity to recognize early manifestations of mental and emotional illness and handicaps. It is strongly felt that with this fundamental orientation, many of the potential cases

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can be cured by those same general practitioners and specialists, thus avoiding the necessity of ever having to go to a psychiatrist or psychiatric hospital. Also, it is felt that every general hospital should have a psychiatric unit, adequately equipped and staffed to give intensive treatment to persons with early psychiatric problems.

Physicians in private practice confront psychiatric problems almost daily. In the case of the first pregnancy, or even later ones, the emotional and anxiety stresses are frequently of primary consideration. In rheumatic fever, prolonged cardiac disease, hip and spinal diseases and injuries, the neuropsychiatric components may become major factors unless adequately understood and resolved at an early stage of the medical or surgical condition.

What is the program of the California Department of Mental Hygiene in its mission to solve the mental health problem of the state? The approach has many facets. First, ample and adequate housing must be provided for the mentally and emotionally handicapped. Ways must be found to enlist needed personnel. One of the most vital deficiencies in the treatment of mentally ill persons is lack of personnel, not only physicians but all the other necessary disciplines such as psychologists, psychiatric social workers, rehabilitation technicians, nurses and psychiatric technicians.

As to the availability of psychiatrists, there are something over 7,500 in the United States, with over 800 in California. It is estimated that a minimum of 20,000 psychiatrists is needed to meet the problem on the lowest acceptable level. Therefore, more physicians must be trained in the specialty of neuropsychiatry. This is in addition to the absolute necessity of giving adequate orientation in psychiatric areas to all the other practitioners of medicine.

More must be learned about the causes of mental and emotional illnesses and handicaps. This requires intensification of research activities. Psychiatric workers must go into communities and recognize and attempt to resolve the stresses and strains that provoke these devastating neuropsychiatric disabilities. This requires implementation of community service resources on a public level if necessary, at least in the early pump-priming days.

It is recognized that neuropsychiatric disorders are found in all walks of life, in all professions, trades and arts, at all ages, in all colors and creeds, and at all levels of economic and social life.

In the Department of Mental Hygiene, it has been found that by intensifying the care and treatment of patients, a substantial number of those theretofore considered hopeless were improved, some were cured and the average period of necessary hospitalization was shortened.

The Department of Mental Hygiene has an intensive education and teaching program, not only in its hospitals and clinics, but to a greater extent in the two neuropsychiatric institutes associated with the University of California medical schools. Here the Department has trained not only its own personnel, but also large numbers of physicians, nurses, psychologists, etc., who have gone into private practice.

It is strongly felt that to the greatest extent possible all medical and surgical services should be attained on a private practice basis, but until there is a much clearer status of knowledge, a much greater expansion in private facilities, and a sufficiently high economic status to permit all patients to be dealt with by private resources, the government will have to implement the private facilities with public resources.

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